



City of Oceanside

Automatic Payment Application Form

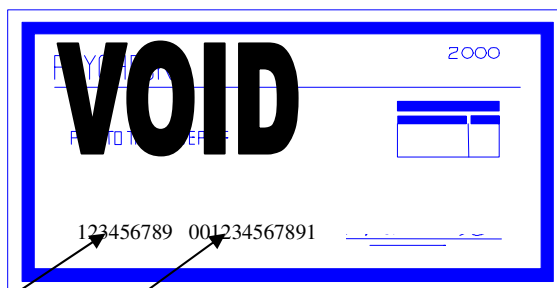
Utilities Account #: _____
(Customers with multiple accounts will be required to enroll all accounts)

Name: _____
(As it appears on your Utility Account)

My signature below hereby authorizes the City of Oceanside to initiate debit entries to the checking account indicated below. **Attach a preprinted check with VOID written across it and return with this application.** Payments made under this program will be considered by the City as checks and therefore processed according to policies and ordinances governing payments made by check.

Name of Bank: _____

City/State: _____ **Branch:** _____



Routing Number: _____
(9 digit number located at the bottom left hand corner of your check)

Account Number: _____
(12 digit number directly following the routing number)

This authorization is effective until the City of Oceanside has received written notification to terminate the agreement. **Your bank account will be charged the full amount of your bill approximately 20 days after the billing date.** Should you wish to dispute a bill, you must pay the bill and an adjustment will be made if the bill is determined to be incorrect. Customers with two or more returned items may be removed from the Automatic Payment Program. All payments must be made in U.S. Dollars.

Name on Bank Acct: _____

Signature: _____

Date: _____ **Email Address:** _____

Home Telephone: _____ **Work Telephone:** _____

Do Not Write Below this Line

Entered by: _____ Date: _____

Financial information is exempted from the Freedom of Information Act unless otherwise specified by court order.